

GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: Confirmation of Medicaid Renewal

04/01/2023

Account ID: 99999999

JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

Subject: Confirmation of Medicaid Renewal Form Received

Dear JOHN DOE:

Thank You! We have received your Medicaid Renewal Form.

We will now review your Medicaid Renewal Form and make a redetermination of eligibility for Medicaid or help paying for private health insurance. You will receive a separate notice if the information you provided is not enough and additional information is needed. You will also receive a notice when we make a decision about your continued eligibility for Medicaid.